

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

CLAIMS NO.

FILED DATE

10/530674

APPLICANT

11-7-05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
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TOTAL NO.	1	↓	1	↓	1	↓
TOTAL DEP.	7	←	7	←	7	←
TOTAL CLAIMS	8		8		8	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL NO.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						